

FILED JAN 8 1941

Registration District No. 184

Primary Registration District No. 200

1. PLACE OF DEATH: St. Louis County
(a) County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Admitted 11/13/40
(Specify whether years, months or days) 3

3. (a) PRINT FULL NAME: Percy R. Dix
3. (b) If veteran, name war: Spanish-American (c) Social Security No. 487-10-9292

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ella 6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 16 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 17 If less than one day hr. min.

9. Birthplace: Cedarville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business:

12. Name: Percy R. Dix

13. Birthplace: Unavailable
(City, town, or county) (State or foreign country)

14. Maiden name: Francis Snyder

15. Birthplace: Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant: Alvin Perry
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof: Dec. 4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Poplar Bluff, Mo.

18. (a) Signature of funeral director: [Signature]
(b) Address: 7814 S. [Address]

19. (a) DEC 3 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: Eminence
(If outside city or town limits, write "RURAL")
(d) Street No. - (If rural, give location)
(e) If foreign born, how long in U. S. A.? - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd
year 1940 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from November 13, 1940, to December 3, 1940
that I last saw him alive on December 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pyelo-nephritis, chronic, with uraemia, left kidney. Duration 5 years

Due to: -

Due to: -

Other conditions: Absence, right kidney, acquired.
(Include pregnancy within 3 months of death)

Major findings: Of operations: -

Of autopsy: No autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury:

23. Signature: C. W. HUGHES, M.D., (M. D. or other)

Address: Chief Medical Officer Date signed 12/3/40.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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8828-2-1-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lina C. Helfmeister

Licensed Embalmer No. *3871*

P. O. Address *7812 S. Broad*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.